



Washington County Economic Partnership's SPARK Recovery Grant Program is funded by the Coronavirus Relief Fund which was established as part of the CARES Act. By completing this application, the undersigned acknowledges the connection of the Grant Program to the CARES Act, and agrees, individually and on behalf of the applicant business or non-profit, to comply with all applicable provisions of the CARES Act and to provide any additional information that may be subsequently required under the CARES Act. Please note that the grant program has limited funding. In this regard, completing an application does not guarantee that an applicant will receive a grant and it is anticipated that applications received will exceed available funding. Applications that are received on time and are fully completed will be processed based on the parameters of the grant program and will be scored on a variety of metrics to evaluate and determine the amount of funding we are able to provide. In other words, this is not a first-come, first-serve grant program, but rather an attempt to fully serve our community with the allocated dollars we have available at this time.

Applications can be printed online by visiting www.wacoeco.org. Please ensure that ALL required documents are attached and every blank has been completed. All fields are required unless marked 'optional' and incomplete applications cannot be considered for funding.

Deadline for application is **October 15, 2020** at noon. You may return documents through the following:

Scan and email all required documentation to washingtoncoep@gmail.com

Mail documents to:

Washington County Economic Partnership, PO Box 56, Washington, KS 66968. Package MUST arrive prior to the deadline.

Drop off documents at 201 C St. Washington, KS 66968



For frequently asked questions, please call John Bruna @ 785-747-8304

Does the business or non-profit serve Washington County?

☐ Yes ☐ No

Does the business have 25 or fewer employees?

☐ Yes ☐ No

Was the business started before January 1, 2020?

☐ Yes ☐ No

Does the business have delinquent property or sales taxes?

☐ Yes ☐ No

Eligible: Food Service, Retail, Wellness/Personal Grooming, Repair Service, Hospitality, Professional Services, 501c3, 501c19, agriculture-business

Applicant Information

Name of Authorized Representative completing the application:

First _____ Last _____

Role of Person Completing the Application:

☐ Owner ☐ Officer ☐ Proxy (i.e. accountant)

Business Phone Number: _____ Cell Phone: _____

Email: _____

Legal Business Name: _____

Doing Business As (DBA) Name (Optional) : _____

Legal Form of Business: (Choose One)

☐ Sole Proprietor ☐ LLC ☐ Partnership ☐ S Corp ☐ C Corp

Tax Identification Number, EIN, or SSN: _____

Address: (No PO Box) _____

Address Line 2: (optional) _____

City: _____ KS Zip: _____



Number of Years in Business: _____

2019 Annual Gross Sales: _____

Business revenue decrease from April 2020 compared to April 2019?

- ☐ Less than 10% ☐ 25%-50% ☐ 51%-75% ☐ Greater than 75%

How did you hear about the SPARK Recovery Grant program?

- ☐ Social Media ☐ Word of Mouth ☐ Email ☐ Newspaper

What was the impact of COVID19 on your business? Check all that apply.

- ☐ Mandatory Business Closure ☐ Voluntary Business Closure
☐ Reduced Hours of Operation ☐ Revenue Decline ☐ Employee Layoffs
☐ Increased Operating Costs ☐ Inability to serve

Did the business receive COVID19 related federal or state funding?

| Date Issued | CARES ACT Program | Amount Received | Description of how funds were used including dates |
|-------------|-------------------|-----------------|--|
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****Note:** Receiving federal funds from other sources DOES NOT preclude you from this application. However, federal funds may not overlap for the same services or duplicate financial assistance. Receiving additional assistance may also be a consideration in the scoring of the grant funding metrics.



Please write a brief summary below of how your business was affected by COVID19.

There are two components of allowable expenses through this grant program. It is permissible to use one, or a combination of both to budget your grant request.

Reimbursements - Affiliated costs that the business has already incurred due to COVID19 and for which businesses are requesting reimbursement. This includes rent, mortgage, utilities, inventory and supplies, and employee salary or benefits. Reimbursements must be from March 1, 2020 - July 31, 2020 and MAY NOT be duplicative from any other federally funded program. **Receipts must be provided.** Businesses and nonprofits MAY request loss of revenue or fundraising on their budget. You will be required to demonstrate the loss through **prior year's official financial records.**

Direct Aid - Costs for a business to successfully streamline safety processes, increase their ability to sustain sales, prepare for future waves of this or other health pandemics, or to otherwise protect customers and employees from COVID-related health concerns. ALL direct aid requests must be SPENT by November 30, 2020. **Receipts must be provided by December 11, 2020.**

Your budget may not duplicate funding from other federal sources in the same timeline, such as the Paycheck Protection Program, the Economic Injury Disaster Loan, or the CDBV CV. If you are unsure which program you received, please contact your lender or your accountant.

Important Note: This grant under no conditions may be used for personal expenses. If you have an expense you would like to pay and are uncertain if it meets the criteria, please consult with Washington County Economic Partnership prior to the expenditure. Any monies not spent by November 30, 2020 or expenses unable to be verified by receipt by December 11, 2020 must be returned to Washington County Economic Partnership, under the terms of the Federal Cares Act.

This program is being administered by Washington County Economic Partnership (WCEP) through use of SPARK funds from the Federal Cares Act. WCEP must follow all regulations which are available here: <https://home.treasury.gov/policy-issues/cares>



Use the following table to list expenses for both **Reimbursements** and **Direct Aid**.

Reimbursement/Direct Aid Receipts Report:

Copy of all receipts attached? Yes No

[illegible]



Certification and Authorization:

The Applicant must certify to each of the statements below by checking the box next to each one and acknowledging the Terms of the Application by signing on the next page. The Applicant has read the statements included in this Application and understands them.

- ☐ The Applicant has the authority and legal right to complete and submit this Application on behalf of the business or non-profit.
- ☐ The Applicant will use any grant awarded by the program in the manner specifically set forth in the attached Budget listing reimbursables and direct aid requests.
- ☐ The Applicant complies with all Federal, State, and Local Laws and further agrees to comply with any provisions of the Cares Act applicable to this grant program.
- ☐ To the best of the Applicant's knowledge, the information included in this Application and the information provided in all supporting documents is true and accurate.
- ☐ The Applicant understands that knowingly making a false statement, any intentional misrepresentation or omission of information contained in this application or supporting documents will result in forfeiting this application now and in the future, returning of any funds granted, and any such action may constitute fraud, for which the applicant may be liable via criminal or civil action.

Terms of Application:

By completing this application, the applicant, individually and on behalf of the applicant, authorizes and consents to the disclosure, review, and storage of information by Washington County Economic Partnership and any of their affiliates of any and all information and documents submitted in connection with this application.

The applicant understands and acknowledges that the funding for the program is limited and that the applicants are not legally entitled to receive a grant. In this regard, the applicant agrees that Washington County Economic Partnership or any of their affiliates shall not be liable to the applicant, or any third party affiliated with the applicant, and hereby releases Washington County Economic Partnership from, any and all costs, expenses, damages, claims, or loss of any kind as may be incurred in connection with the grant requested in this application or for anything they may do or refrain from doing, including, without limitation, any action or inaction relating to grant application requirements, grant criteria, application review and processing, grant approval or disapproval, grant payment amount, and all communications relating to any of the foregoing requirements, processes, or actions.



The Applicant further agrees and acknowledges that:

Washington County Economic Partnership has the right to request supporting documentation regarding this Application and the use of the grant monies provided by the Grant Program and Applicant agrees to provide such documentation.

Washington County Economic Partnership reserves the right to conduct an audit of this Application and a verification of any information provided herein.

All funds must be spent in accordance with the terms of the Cares Act, prior to November 30, 2020, and documentation will be required for all expenditures on or before December 11, 2020.

Washington County Economic Partnership may publish the name of your business as part of a listing of grant award recipients.

Business Owner Signature

Date